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## FACSIMILE COVER SHEET

TO: Examiner D. Tran  
U. S. Patent & Trademark Office  
Group Art Unit 2624

FROM: Andrew D. Mickelsen, Reg. No. 50,957

RE: U.S. Application No. 08/909,966  
Atty. Docket No.: 00862.001922

FAX NO.: (703) 872-9306

DATE: February 5, 2004

NO. OF PAGES: 18  
(including cover page)

TIME: 11:55 A.M.

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## MESSAGE

## Attachments:

- 1) Amendment Transmittal
- 2) Amendment

## Certificate of Transmission

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In re Application of:

Docket No. 00862.001922

YUICHI HIGUCHI, et al.

Application No.: 08/909,966

Examiner: D. Tran

Filed: August 12, 1997

Group Art Unit: 2624

For: PRINTING APPARATUS AND  
ITS CONTROL METHOD

Date: February 5, 2004

Mail Stop Non-Fee Amendment  
The Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 52	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 6	MINUS	*** 19	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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Page 1 of 2

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicants

Registration No. 30,957

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